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REQUEST FOR PATENT FEE REFUND

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3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Jamaica Holland</u>		TITLE: <u>Lawyer</u>		
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>		
OFFICE: <u>PCT</u>		X209		
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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